

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Kenji YOSHINO et al.

Serial No. 09/982,668

For DATA PROCESSING DEVICE, DATA STORAGE DEVICE,  
DATA PROCESSING METHOD, AND PROGRAM  
PROVIDING MEDIUM

Filed : October 18, 2001

Examiner : Reba I. Elmore

Art Unit : 2187

**RECEIVED**

AUG 30 2004

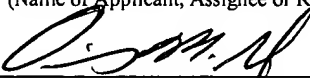
Technology Center 2100

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to: Mail Stop AF, Commissioner for Patents, P.O.  
Box 1450, Alexandria, VA 22313-1450, on August 19, 2004.

**Dennis M. Smid, Reg. No. 34,930**

(Name of Applicant, Assignee or Registered Representative)



Signature

August 19, 2004

Date of Signature

**AMENDMENT AFTER FINAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of June 21, 2004, please amend this  
application as follows.

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Technology Center 2100

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	22	Minus	** =22	* 0 x	\$18 (9)	= \$ 0
Independent claims	4	Minus	*** =4	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

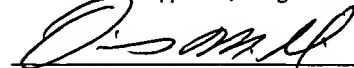
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

  
Signature

August 19, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:



Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800